FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

	4	
1. File Number U - 3699	2. Fiscal Year Covered From:	
	1 / 01 / 2005 Through: 12 / 31 / 2005	
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name DENNIS A GARRETT	Name COMMUNICATION WORKERS OF AMERICA LOCAL 7804	
3	Labor Organization File Number 024554	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 421 SOUTH FAWCETT AVENUE	Street 421 SOUTH FAWCETT AVENUE	
City TACOMA	City	
State WASHINGTON ZIP Code + 4 98402	State WASHINGTON ZIP Code + 4 98402241	
5. Position in labor organization. VICE PRESIDENT LOCAL	. 7804 - NOT FULL TIME	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name OWEST COMMUNICATIONS Trade Name, if any:	MUTUAL OCCUPATIONAL SAFETY AND HEALTH COMM MTNG _ DENVER, COLO. AIRFARE - 230.00	
P.O. Box, Bldg., Room No., if any	MEALS - 31.00 7.b. Amount.	
Street 1801 CALIFORNIA ST., STE 450		
City DENVER	261.00	
State COLORADO ZIP Code + 4 80202		
Signa	iture	
15. Signature and verification. The undersigned declares, under penalty of F submitted in this report (including the information contained in any accompanyi undersigned's knowledge and belief, true, correct, and complete. (See the second complete)	no documents), has been examined by the signatory and is, to the best of the	
Signed Lennin a Harretto	On 2-21-06 253 572-7804	
	Date Telephone Number	

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1, File Number U -	2. Fiscal Year Covered From:
	1 / 01 / 2005 Through: 12 / 31 / 2005
Name and address of person filing.	Name, file number, and address of labor organization.
Name DENNIS A GARRETT	Name COMMUNICATION WORKERS OF AMERICA
	Labor Organization File Number 024554
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 421 SOUTH FAWCETT AVENUE	Street 421 SOUTH FAWCETT AVENUE
City TACOMA	City
State WASHINGTON ZIP Code + 4 98402	State WASHINGTON ZIP Code + 4 98402241
5. Position in labor organization. VICE PRESIDENT LOCAL	7804 - NOT FULL TIME
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name OWEST COMMUNICATIONS	MUTUAL OCCUPATIONAL SAFETY AND
Trade Name, if any:	HEALTH COMM MTNG - SEATTLE, WA. ROOM - 169.00 MEALS - 31.00
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street 1801 CALIFORNIA ST., STE 450	
City DENVER	200,00
State COLORADO ZIP Code + 4 80202	
Signat	ure
15. Signature and verification. The undersigned declares, under penalty of Posubmitted in this report (including the information contained in any accompanying undersigned's knowledge and belief, true, correct, and complete. (See the section of the content of	© documents), has been examined by the signatory and is, to the best of the
Signed Dennis a Harrett	On 2-21-06 253 572-7804 Telephone Number

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.	
1. File Number U -	2. Fiscal Year Covered From:	
	1 / 01 / 2005 Through: 12 / 31 / 2005	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
DENNIS A GARRETT	Name COMMUNICATION WORKERS OF AMERICA Labor Organization File Number 024554 LOCAL 7804	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 421 SOUTH FAWCETT AVENUE	Street 421 SOUTH FAWCETT AVENUE	
City TACOMA	City	
State WASHINGTON ZIP Code + 4 98402	State WASHINGTON ZIP Code + 4 98402241	
5. Position in labor organization. VICE PRESIDENT LOCAL	7804 - NOT FULL TIME	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of		
monetary value from an employer whose employees your organization. 3. Name and address of Employer (including trade name, if any).	n represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.	
Name OWEST COMMUNICATIONS Trade Name, if any:	MUTUAL OCCUPATIONAL SAFETY AND HEALTH COMM PHOENIX, ARZ.	
P.O. Box, Bldg., Room No., if any	AIR FARE - 288.00 ROOM - 96.00 MEALS - 39.00 7.b. Amount.	
Street 1801 CALIFORNIA ST., STE 450		
City DENVER	423.00	
State COLORADO ZIP Code + 4 80202		
Signature		
15. Signature and verification. The undersigned declares, under penalty of P submitted in this report (including the information contained in any accompanyir undersigned's knowledge and belief, true, correct, and complete. (See the section)	to documents), has been examined by the signatory and is, to the best of the	
Signed Dennis a. Harretto	On 2-21-06 253 572-7804 Date Telephone Number	

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.
1. File Number U -	2. Fiscal Year Covered From:
	1 / 01 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name DENNIS A GARRETT	Name COMMUNICATION WORKERS OF AMERICA LOCAL 7804
	Labor Organization File Number 024554
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 421 SOUTH FAWCETT AVENUE	Street 421 SOUTH FAWCETT AVENUE
City TACOMA	City
State WASHINGTON ZIP Code + 4 98402	State WASHINGTON ZIP Code + 4 98402241
5. Position in labor organization. VICE PRESIDENT LOCAL	7804 - NOT FULL TIME
Enter appropriate data below if, during the past fiscal year, you or your spou (except as specified in the exclusion)	ise or minor child directly or indirectly had any of the following interests slons set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or connectary value from an employer whose employees your organization.	lerived income or other economic benefit of on represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name QWEST COMMUNICATIONS	CWA LOCAL PRESIDENTS AND QWEST CEO MTNG - DENVER, COLO.
Trade Name, if any:	ATRFARE - 324.00
P.O. Box, Bldg., Room No., if any	LODGING - 96.00 MEALS - 68.00 7.b. Amount.
Street 1801 CALIFORNIA ST., STE 450	
City DENVER	488.00
State COLORADO ZIP Code + 4 R0202	1

Signature

191 organization and verification. The undersigned decisies, dider penalty of Penjury and other applicable penalties of the law, that all of the information	1
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of	
tradesigned to report through the morntanest contained in any accompanying documents), has been examined by the signatory and is, to the best of	ιπe
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	

Signed

Dennis a Harrett

On **2-21-06**

253 572-7804

Date

Telephone Number